

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/625722

CLAIMS AS FILED - PART I

|                                  | (Column 1)   | (Column 2)               |
|----------------------------------|--------------|--------------------------|
| TOTAL CLAIMS                     |              |                          |
| FOR                              | NUMBER FILED | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | minus 20 =   | * —                      |
| INDEPENDENT CLAIMS               | minus 3 =    | * —                      |
| MULTIPLE DEPENDENT CLAIM PRESENT |              | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

|   | (Column 1) | (Column 2)                                | (Column 3)                                  |
|---|------------|---|---|
| AMENDMENT A   | 2/17/04    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |
| Total   | * 15       | Minus                                     | ** 20 =                                     |
| Independent   | * 1        | Minus                                     | *** 3 =                                     |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |   |   |

| SMALL ENTITY<br>TYPE | OTHER THAN<br>OR SMALL ENTITY |
|----------------------|-------------------------------|
| RATE                 | FEES                          |
| BASIC FEE            | 150.00                        |
| OR                   | BASIC FEE                     |
| X\$ 25=              | 300.00                        |
| OR                   | X\$50=                        |
| X100=                | X200=                         |
| OR                   | +360=                         |
| +180=                |                               |
| TOTAL                | OR TOTAL                      |

| SMALL ENTITY     | OTHER THAN<br>OR SMALL ENTITY |
|------------------|-------------------------------|
| RATE             | ADDITIONAL<br>FEE             |
| X\$ 25=          |                               |
| OR               | X\$50=                        |
| X100=            | X200=                         |
| OR               | +360=                         |
| +180=            |                               |
| TOTAL ADDIT. FEE | OR TOTAL ADDIT. FEE           |

|   | (Column 1)                                | (Column 2) | (Column 3)                                  |
|---|---|------------|---|
| AMENDMENT B   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |
| Total   | * Minus                                   | ** =       | PRESENT<br>EXTRA                            |
| Independent   | Minus                                     | *** =      |   |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |            |   |

| RATE             | ADDITIONAL<br>FEE   | RATE | ADDITIONAL<br>FEE |
|------------------|---------------------|------|-------------------|
| X\$ 25=          |                     |      |                   |
| OR               | X\$50=              |      |                   |
| X100=            | X200=               |      |                   |
| OR               | +360=               |      |                   |
| +180=            |                     |      |                   |
| TOTAL ADDIT. FEE | OR TOTAL ADDIT. FEE |      |                   |

|   | (Column 1)                                | (Column 2) | (Column 3)                                  |
|---|---|------------|---|
| AMENDMENT C   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |
| Total   | * Minus                                   | ** =       | PRESENT<br>EXTRA                            |
| Independent   | Minus                                     | *** =      |   |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |            |   |

| RATE             | ADDITIONAL<br>FEE   | RATE | ADDITIONAL<br>FEE |
|------------------|---------------------|------|-------------------|
| X\$ 25=          |                     |      |                   |
| OR               | X\$50=              |      |                   |
| X100=            | X200=               |      |                   |
| OR               | +360=               |      |                   |
| +180=            |                     |      |                   |
| TOTAL ADDIT. FEE | OR TOTAL ADDIT. FEE |      |                   |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.